#### MDR TRACKING# M4-03-5520-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4-17-03.

### I. DISPUTE

Whether there should be reimbursement for CPT code 97139AC.

### II. FINDINGS

The respondent denied reimbursement based upon, "F – Reduced or denied in accordance with the appropriate Fee Guideline Ground Rule and/or Maximum Allowable Reimbursement (MAR). A physical medicine session is any combination of 4 PT codes and the maximum amount of time per session is 2 hours unless documentation supports the need for additional time. See page 32 of the 4-1-96 Medical Fee Guideline."

### III. RATIONALE

DOS	CPT	Billed	Paid	EOB	MAR\$	Reference	Rationale
	CODE			Denial	(Maximum		
				Code	Allowable		
					Reimbursement)		
4-22-02	97139AC (2)	\$96.00	\$0.00	F	DOP	Medicine GR (I)(C)(1)(j) and (I)(A)(10(a)	On this date the requestor billed for 99204, 3 units of 97032 and 2 units of 97139AC; this does not exceed the number of modalities and 2 hour time limit.  The respondent submitted an EOB from a different provider for same date.  The MFG MGR does not address different providers, it addresses sessions of treatment.
							The provider did not exceed the MGR; therefore, reimbursement of \$96.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of <b>\$96.00</b> .

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# IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code (97139AC) in the amount of **\$96.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$96.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 28<sup>th</sup> day of December 2004.

Elizabeth Pickle Medical Dispute Resolution Officer Medical Review Division